

REISSUE APPLICATION DECLARATION BY THE INVENTOR		Docket Number (Optional) 39262-256238
<p>I hereby declare that:</p> <p>Each inventor's residence, mailing address and citizenship are stated below next to their name.</p> <p>I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 5,891,143, granted APRIL 6, 1999, and for which a reissue patent is sought on the invention entitled ORTHOPAEDIC FIXATION PLATE,</p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on April 5, 2001, as reissue application number 09 /827,252 and was amended on 4/5/01, 2/26/02, 7/11/02, 12/31/02, 4/30/03, 2/3/04, 3/11/05, 8/24/05, 9/23/05, 11/21/05, 11/23/05, 4/14/06, 5/30/06, 3/13/07, 7/11/07, 1/28/08, and concurrently in an amendment filed along with this declaration (if applicable)</p> <p>I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verify believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:</p> <p>Claims 1-8 of U.S. Patent No. 5,891,143 claimed less than the patentee had a right to claim in the patent because, for example, claims 1-8 are limited to an orthopaedic spatial fixation system including fixation plates that have "holes positioned therein." This reissue application broadens the claims to require "attachment structures" rather than "holes." Dependent claims have been added to indicate that "attachment structures" may include, without limitation, "pegs," "grooves," or "holes."</p> <p>Every error in the patent which was corrected in the present reissue application, and is not covered by a prior oath/declaration submitted in this application, arose without any deceptive intention on the part of the applicant.</p>		

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting a completed petition form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
39262-256238

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Note: To appoint a power of attorney, use form PTO/SB/81.

Correspondence Address : Direct all communications about the application to:

 The address associated with Customer Number: 30559

OR

 Firm or
Individual Name

Address

City

State

ZIP

Country

Telephone

Email

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identify theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)
J. Charles Taylor

Inventor's signature

Date

Residence

709 Center Drive, Memphis, Tennessee 38112

Citizenship

U.S.

Mailing Address

same as above

Full name of second joint inventor (given name, family name)
Harold S. Taylor

Inventor's signature

Date

Residence

608 West Drive, Memphis, Tennessee 38112

Citizenship

U.S.

Mailing Address

Same as above

 Additional joint inventors or legal representative(s) are named on separately numbered sheets form PTO/SB/02A or 02LR attached hereto